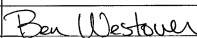


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|--|---|------------------------|---------------------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><small>(to be used for all correspondence after initial filing)</small></p> | | Application Number | 10/522,478 |
| | | Filing Date | January 26, 2005 |
| | | First Named Inventor | Stephen B. COURTNEY |
| | | Art Unit | 3727 |
| | | Examiner Name | L. D. Wilson |
| | | Attorney Docket Number | 424662010000 |
| Total Number of Pages in This Submission | 5 | | |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08a/b (2 pages) Copies of IDS citations |
| <div style="border: 1px solid black; padding: 5px; height: 40px;"> Remarks </div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|-----------------|
| Firm Name | MORRISON & FOERSTER LLP | |
| Signature |  | |
| Printed name | Benjamin P. Westover | |
| Date | May 14, 2009 | Reg. No. 56,612 |